

CLAIMS ONLY

Application Number

Filing Date

9/890006

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/		/		
3	/			/		
4	/			/		
5	/			/		
6	/			/		
7	/			/		
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Total Indep	6		5			
Total Depend	15	←	18	←	←	←
Total Claims	21		23			

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						